FEE TRANSMITTAL

Electronic Version v08

Stylesheet Version v08.0

Title of Invention

Cuffless System for Measuring Blood Pressure

Application Number:

Date:

First Named Applicant: Matthew J Banet

Attorney Docket Number: A-0003

TOTAL FEE AUTHORIZED \$ 425

Patent fees are subject to annual revisions on or about October 1st of each year.

Filing as small entity

BASIC FILING FEE

| Fee Description | Fee Code | Amount \$ | Fee Paid \$ | | | | |
|--|----------|-----------|-------------|--|--|--|--|
| Utility Filing Fee | 2001 | 385 | 385 | | | | |
| Subtotal For Basic Filing Fees: \$ 385 | | | | | | | |

EXTRA CLAIM FEES

| Fee Description | Extra Claim | Fee Code | Amount \$ | Fee Paid \$ | |
|------------------------------------|-------------|----------|-----------|-------------|--|
| Total Claims: 20 | 0 | 2202 | 9 | 0 | |
| Independent Claims: 1 | 0 | 2201 | 43 | 0 | |
| Subtotal For Extra Claims Fees: \$ | | | | | |

ASSIGNMENT FEES

| Fee Description | Property Number | Quantity | Fee Code | Amount \$ | Fee Paid \$ | | |
|------------------------------------|-----------------|----------|----------|-----------|-------------|--|--|
| Recording Each Patent | 00000000 | 1 | 8021 | 40 | 40 | | |
| Assignment Per Property Fee | | | | | | | |
| Subtotal For Additional Fees: \$40 | | | | | | | |

AUTHORIZED BILLING INFORMATION

The commissioner is hereby authorized to charge indicated fees and credit any overpayments to:

Credit account number: 8844

Expiration Date (YYYYMMDD): 2006-06-30

Authorized name: Morrison Ulman

Billing address: 94040